

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

### DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6

Complete this report at the time of the regular monthly preventive management is serviced or repaired Retain the original and send a copy within 15 days to the Breath Alcoholman.	and whonover it is pleased into accident
DATAMASTER SN NAME OF AGENCY 204116 Missouri State Highway Patrol	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)  Howell County Sheriff's Office, West Plains, Missouri 65775	7/17/2014 TIME OF INSPECTION
CHECKLIST: Place a mark in the box by each item if found to be satis	factory or if operating within established limits. (Write in observed values
where determined.) Orimarked items must be corrected before using	instrument.
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 1328 hrs 2/12/14
☑ COMPUTER	DETECTOR
PROGRAM	FILTERS
HEATERS SAMPLE CHAMBER 49 °C	QUARTZ STANDARD
☑ FLOW DETECTOR	CALIBRATION
PUMP HIGH SPEED	PRINTER
M INDICATOR LIGHTS	
SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc.	LOT # 13 280 EXP. DATE 10/16/2015
SIMULATOR TEMP (34°C ± 0.2°C) 34,0 °C SIM	LOT # 13 280 EXP. DATE 10/16/2015  MULATOR SN G/1/16 EXP. DATE 3/6/2015
☐ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE US	ED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be	within ±5% of the standard value and must have a spread of one or
less. Mark the box corresponding to the standard solution being u	sed. (PRINTOUT ATTACHED)
0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0	0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND (	0.042% INCLUSIVE
TEST 1097 TEST 2096	TEST 3 - 1096
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING (DO NOT INCLUDE SELF-ADMINISTERED TESTS)	RANGES SINCE THE LAST MAINTENANCE REPORT:
REFUSALS Ø (004) Ø (.0509) / (	.1014) 2 (.1519) O OVER .19 O
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO USE OTHER SIDE IF NECESSARY).	RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
This instrument is operating in accordance with DHSS specification	ations.
NCDECTING OFFICER	
NSPECTING OFFICER	PRINT FULL NAME
, eft l'Elong	Thomas E. Young III
240189 4/22/2016	TELEPHONE NUMBER (417) 469-3121
	Department of Health and Senior Services, Southeast District Office



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



## PERMIT TYPE II

# THOMAS E YOUNG III

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041. RSMo and 306.111 through 306.119 RSMo

The state of the s		
DATE4/22/2014	wante	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 240189	Dail Vasterly	
EXPIRES 4/22/2016		
IO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

LAB-4 (R6-10)



## Face This Side Down - This Edge In First

## **BAC DataMaster** Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204116 07/17/14 13:28

#### --- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM (04-07-2009):

OKAY

**HEATERS** 

SAMPLE CHAMBER:

49c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

#### PRINTER TEST

#### Face This Side Down - This Edge In First

# **BAC DataMaster**Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204116 07/17/14

TESTING OFFICER:
YOUNG/T/E
OFFICER I.D.: 749
PERMIT NUMBER: 240189
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

#### --- SUPERVISOR MODE ---

BLANK TEST	.000	13:30
INTERNAL STANDARD	VERIFIED	13:30
EXTERNAL STANDARD	.097	13:30
BLANK TEST	.000	13:31
EXTERNAL STANDARD	.096	13:31
BLANK TEST	.000	13:32
EXTERNAL STANDARD	.096	13:32
BLANK TEST	.000	13:33

N = 3 SIM. = .1 AVG. = .0963

perator Signature Pl TiEnforce

rator Signature (pl Tit)

Face This Side Down - This Edge In First

## **BAC DataMaster Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204116 07/17/14

ARREST TIME: 10:00 SUBJECT NAME: YOUNG/T/E DOB: 01/12/80 SEX: M STATE/D.L.: MO/1234567 ARRESTING OFFICER: YOUNG/T/E OFFICER I.D.: 749 TESTING OFFICER:

YOUNG/T/E OFFICER I.D.: 749 PERMIT NUMBER: 240189 EXPIRATION DATE: 04/22/16 MISCELLANEOUS DATA:

#### --- BREATH ANALYSIS ---

BLANK TEST INTERNAL STANDARD .000

13:36

VERIFIED

RADIO INTERFERENCE

13:36